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MINUTES OF A MEETING OF THE HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE Havering Town Hall 10 December 2020 (7.00 - 9.05 pm)

Present:

Councillors Nic Dodin, Nisha Patel (Chairman), Ciaran White (Vice-Chair), Philippa Crowder and David Durant

Officers present.

Richard Pennington, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)

John Mealey, BHRUT

Hazel Melnick, BHRUT

Pippa Ward, North East London NHS Foundation Trust (NELFT)

Carol White, NELFT

Ian Buckmaster, Healthwatch Havering

Mark Ansell, Director of Public Health

Claire Alp, Senior Public Health Specialist

Thomas Goldrick, Policy and Performance Management

Anthony Clements, Principal Democratic Services Officer

34 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

Apologies were received from Councillor Darren Wise.

35 DISCLOSURES OF INTEREST

There were no disclosures of interest.

36 MINUTES

The minutes of the meeting of the Sub-Committee held on 24 September 2020 were agreed as a correct record.

37 MEETINGS PROTOCOL

The protocol on the conduct of meetings during the pandemic period was noted by the Sub-Committee.

38 BHRUT PERFORMANCE INFORMATION

The Deputy Chief Operating Officer of BHRUT confirmed that cases of Covid-19 were rising in the local community and it was important for Trust staff to build resilience and have sufficient rest periods.

Performance at A & E had dropped slightly over the last two months but was still better than the equivalent period in the previous year. Priorities in this area, in conjunction with primary care, included increasing bed capacity with NELFT and managing infection prevention and control.

The time from referral to treatment for elective patients had improved in recent months and there had been a fall in the number of patients waiting in excess of 18 months for treatment. Diagnostics and the proportion of tests undertaken within six weeks of referral were also improving.

As regards cancer services, the target of 93% of patients seeing a clinician within 14 days of referral was being exceeded by the Trust. The proportion of patients starting cancer treatment within 62 days of referral was currently at 72% which was an improvement but was still below the Trust's target. The number of patients waiting more than 52 weeks to start treatment was now starting to reduce.

It was accepted that there had been some delays in diagnostics due to the impact of Covid-19 but capacity had now been increased. The recent optimal week at the Trust had seen a focus on clearance of the cancer diagnosis backlog and 50% more patients had been seen during that week compared to previously. A similar effect had been seen during the perfect orthopaedic week where 135 joint replacements had been undertaken.

There had been a rise in the numbers of BHRUT staff absent due to Covid-19. A Member asked if there were figures on the proportion of people testing positive who were actually ill. The BHRUT officer confirmed that the Trust was having more Covid positive admissions and that it had to be assumed that any Covid positive patients did have symptoms of Covid. The Director of Public Health added that the PCR test was the most specific Covid test but did take longer to produce results. The lateral flow test could be undertaken in 30 minutes but gave less specific results. Lateral flow tests would be used for asymptomatic testing. Asymptomatic patients were not unwell but could still pass the virus to vulnerable people. PCR tests were 99.8% accurate and false positive results were not an issue.

BHRUT were currently operating at close to full bed capacity but this was normal for the time of year.

The Sub-Committee noted the update from BHRUT.

39 **NELFT PERFORMANCE INFORMATION**

NELFT officers explained that the Trust was currently looking at how Covid-19 vaccinations would be rolled out. There had also been a rise in the acuity and number of referrals to the Child and Adolescent Mental Health Service (CAMHS) due to mental health difficulties arising from the pandemic. Children with lower level anxiety and disturbed sleep were treated by STAR workers in order to allow free up CAMHS capacity to deal with higher acuity cases.

Virtual workshops had been arranged for parents on how to help children deal with anxiety and sleep problems etc. Hub services had been reopened and then shut again due to the changing Covid-19 situation. It was clarified that each school had a named primary mental health worker and a bespoke package of support was available for each school. Feedback on young people's mental health services had been very positive, including from schools.

Health visitors had instigated virtual ante-natal contacts and joint visits with midwives were undertaken if there were high risk or safeguarding issues. NELFT support workers offered brief intervention and support to children. The support available was very hands on and practically focussed.

Referrals were received from both primary and secondary schools. Some children preferred to receive counselling etc virtually whilst others needed more face to face contact. More face to face appointments had now been made available and would continue to operate using PPE.

The Director of Public Health confirmed that mobile Covid-19 testing units would be located close to schools and colleges in order to undertake asymptomatic testing. Positivity rates amongst children tested were now highest at secondary schools whilst rates in pre-schools were still relatively low. Officers added that there was no evidence of children developing the condition hypoxia due to wearing a mask. The wearing of masks was a Government directive rather than a Council decision.

Data on the impact of domestic violence on children's mental health could be brought to the next meeting. NELFT did work with social care and the police on domestic violence cases.

The Sub-Committee noted the update from NELFT.

40 **HOUSING STRATEGY**

The Head of Housing Strategy and Service Development explained that a new overarching housing strategy was in the process of being developed and that this linked to the health and wellbeing agenda. The strategy sought to address how sustainable communities would be built and cover links with healthcare etc. Consultation would take place with residents and the wider

community. Officers were keen to link the strategy with public health projects etc.

Work would be undertaken with health partners to support the aims of the strategy. Public consultation on the strategy was due to commence in the next two weeks with focus groups to be held in early 2021. The Council's on-line and local hubs would be used to assist with the consultation. Support would be available to take part in the consultation by phone as well as on-line. It was planned for the strategy to be signed off in April/May 2021 and launched in June 2021.

Officers agreed that it was important to build relationships with joint venture partners in order to ensure sufficient healthcare facilities for new developments. It was important to ensure that there were sufficient green spaces, balconies etc in new developments as these would have a positive impact on residents' health. The Council's Local Plan meant that all developments over a certain size would require a health impact assessment. The section of the local plan dealing with health impact assessments could be shared with the Sub-Committee and it was suggested that the health impact of local planning policies could be added to the Sub-Committee's work programme.

Consultation on the strategy would also take place with political groups after the conclusion of the public consultation period.

The Sub-Committee noted the position with the housing strategy.

41 **HEALTHWATCH HAVERING REPORT - COVID-19 AND CARE HOMES**

A director of Healthwatch Havering explained that the number of Covid-19 deaths in care homes was much lower than in hospital. The level of protection offered by care homes did however mean visits by relatives had been stopped.

The report from Healthwatch had found good feedback about care homes during the pandemic period. Government guidance had previously been to prevent visits to care homes but this was now to be allowed subject to visitors being pre-tested. Visitors would still be required to wear PPE.

Members congratulated care homes on the job they had done during the pandemic period.

42 **HEALTHWATCH HAVERING - DENTAL SERVICES IN HAVERING**

A report from Healthwatch Havering considered access to NHS dentists as this had recently been raised as a concern by local residents. Feedback had been that it had been very difficult to access NHS dental treatment during the pandemic period. All 45 dental practices in Havering had been contacted although feedback had only been received from 27 practices. Of these, only 4 were currently accepting new NHS patients.

It was clarified that dentistry was not covered by the Clinical Commissioning Group and local dental practices were managed by NHS England. A national report on NHS Dentistry undertaken by Healthwatch England had reached similar conclusions to the Healthwatch Havering report.

Only certain benefits allowed lower cost NHS treatment with a bridge or crown normally costing around £280 on the NHS. It was agreed that dentists were required to wear a lot of high specification PPE.

The Sub-Committee noted the reports by Healthwatch Havering.

Chairman

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